

# Norwalk Hospital

Norwalk, Connecticut 06856



July 25, 2005

Commissioner Cristine Vogel Office of Health Care Access 410 Capitol Avenue, MS 13HCA Post Office Box 340308 Hartford, Connecticut 06134

RE:

Letter of Determination

Three-Year Repair Program to Restore Parking Garage

Dear Commissioner Vogel:

Attached please find the Letter of Determination Form 2020 for three-year repair program to restore the Norwalk Hospital garage.

Over the years, limited maintenance and repairs has been performed on the garage resulting today in a significant number of deferred maintenance issues and associated costs. Norwalk Hospital is requesting consideration for a waiver of Certificate of Need as the work associated with the project is classified as routine maintenance and the project does not represent a renovation associated with an expansion of the parking garage but rather the repair of an existing structure necessitated by a historical delay of routine maintenance and repair program.

Please forward any written correspondence to Susan Santoro, Director, Program and Business Development, Maple Street, Norwalk, Connecticut 06856, email at <a href="mailto:susan.santoro@norwalkhealth.org">susan.santoro@norwalkhealth.org</a> or telephonically at 203.852.2025.

Thank you for your consideration.

Sincerely,

Director, Program and Business Development

Cc:

Geoffrey F. Cole John Pierro



# State of Connecticut Office of Health Care Access **CON Determination Form**

Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project taust complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

## SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	The Norwalk Hospital Association	
Doing Business As	Norwalk Hospital	
Name of Parent Corporation	Norwalk Health Services Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	34 Maple Street Norwalk, Connecticut 06856	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Not-for-profit	
Name of Contact person, including title	Susan Santoro Director, Program and Business Development	
Contact person's street mailing address	34 Maple Street Norwalk, Connecticut 06586	
Contact person's phone, fax and e-mail address	203.852.2025 (telephone) 203.899.5063 (fax) susan.santoro @norwalkhealth.org	

SEC.	MON II. GENER	AL PROPOSAL INFORMATION	£ 3
a.	Proposal/Project	Title:	THEALTH CA
	Parking Garage F	Repair and Maintenance Program	200
b.	Location of propo	osal (Town including street address):	REC. PR
	34 Maple Street Norwalk, Connec	ticut 06856	PM 1: 35 REACCESS
c.	List all the munici	palities this project is intended to serve:	•
	Norwalk Hospital surrounding com	primary service area (Norwalk, Westport, New Canaar nunities	n, Wilton and Weston) and
d.	Estimated starting	date for the project:	
	August 2005		
e.	Type of Entity: (F	lease check $E$ for Existing and $P$ for Proposed in all th	e boxes that apply)
	E P Acute Care Ho Behavioral He Hospital Affili	alth Provider 🔲 🗌 Ambulatory Surgery Center 📗	P Cancer Center Primary Care Clinic
SEC	TION III. EXPEN	DITURE INFORMATION	
a.	Estimated Total (	Capital Expenditure/Cost:: Refer to chart below for de	tail of costs
b.	Please provide the	e following breakdown as appropriate:	
		New Construction/Renovations	
		Medical Equipment (Purchase)	
		Imaging Equipment (Purchase)	
		Non-Medical Equipment (Purchase)	
		Sales Tax	
		Delivery & Installation	
		Total Capital Expenditure	
	•	Fair Market Value of Leased Equipment	

**Total Capital Cost** 

Detail of Parking Garage Repair Costs	Year 1	Year 2	Year 3
Structural, mechanical, and electrical repairs including waterproofing	\$844,000	\$935,000	\$868,000
Parking Pay Token Machine	\$150,000		
Total	\$994,000	\$935,000	\$868,000

In addition, project management and administrative costs including contingencies, A&E, and contractor fees are estimated at \$370,000 for each year of the repair program. The final total repair costs will equal \$3,900,000.

## Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
				190

Note: Provide copy of contract with vendor for medical equipment.

c.	Type of financing or funding source:										
	$\boxtimes$	Operating Funds	Lease Financing		Conventional Loan						
		Charitable Contributions	CHEFA Financing		Grant Funding						
		Funded Depreciation	Other (specify):								

### SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Will you be charging a facility fee?
- Who is the current population served and who is the target population to be served?
- 5. Who will be providing the service?
- Who are the payers of this service?

## SECTION V. AFFIDAVIT

Applicant: Norwalk Hospital

Project Title: Three-Year Repair Program to Restore Parking Garage

I, <u>Geoffrey F. Cole</u> , (Name)	President and Chief Executive Officer (Position – CEO or CFO)
of Norwalk Hospital Association being duly	y sworn, depose and state that the
information provided in this CON Determinat	tion form is true and accurate to the best of my
knowledge, and that <u>Norwalk Hospital</u> (Facility Name)	_ complies with the appropriate
and applicable criteria as set forth in the Sectio	ns 19a-630, 19a-637, 19a-638, 19a-639, 19a-
486 and/or 4-181 of the Connecticut General	Statutes.
Signature Signature	7/22/05 Date
Subscribed and sworn to before me on 7-	-22-05
Notary Public/Commissioner of Superior Cou GAIL H. De ANGELIS My commission expires: 2/31/06	<del></del>

## PROJECT DESCRIPTION

Norwalk Hospital plans to implement a three-year repair program to restore its parking garage, which is located at 34 Maple Street, in Norwalk, Connecticut. Over the years, limited maintenance and repairs have been performed on the garage resulting today in a significant number of deferred maintenance issues and associated costs.

Norwalk Hospital commissioned engineering studies to better understand the present condition of the parking garage, in an effort to determine the remaining service life of the structure; replacement or repair options; and cost estimates. As a result of the study findings, Norwalk Hospital management has concluded that the preferred option is to repair the parking garage over a three year period in order to obtain, at a minimum, an additional 20-year service life from the structure.

The repairs to be performed over the three-year period are structural, waterproofing, mechanical, and electrical with annual costs associated with this aspect of the project not exceeding \$1 million in any one year (\$844,000, \$935,000 and \$868,000, respectively). The other project costs include: a capital purchase of \$150,000 for a parking pay token machine; and project management/administrative costs (contingency, architectural, engineering and contractor fees, etc.) averaging \$370,000 per year for a three-year total of \$3.9 million.

Norwalk Hospital is requesting consideration for a waiver of the Certificate of Need (CON) process as the work associated with the project is classified as routine maintenance. This project does not represent a renovation associated with an expansion of the parking garage but rather the repair of an existing structure necessitated by a historical delayed routine maintenance and repair program.



# STATE OF CONNECTICUT

# OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL COMMISSIONER

August 05, 2005

Susan Santoro Director, Program and Business Development Norwalk Hospital 34 Maple Street Norwalk, CT 06856

Re:

Letter of Intent, Docket Number 05-30557-LOI

Norwalk Hospital

Repair and Restore Hospital Parking Garage

Notice of Letter of Intent

Dear Ms. Santoro:

On July 26, 2005, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Norwich Hospital ("Applicant") to Repair and Restore the Hospital Parking Garage, at a total capital expenditure of \$2,800,000.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Hour* pursuant to Section 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kemberly Rimontone Isce Kimberly R. Martone

Certificate of Need Supervisor

KRM:SL:dpd



# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL COMMISSIONER

August 5, 2005

Requisition # HCA06-037 FAX #: (203) 846-9897

The Hour P.O. Box 790 Norwalk, CT 06852-0790

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than Tuesday, August 9, 2005.

Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (full tear sheet is required) with the invoice.

If there are any questions regarding this legal notice, please contact Steven Lazarus at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone

Certificate of Need Supervisor

Attachment

KRM:SL:dpd

c: Kathy Howe, OHCA

## PLEASE INSERT THE FOLLOWING:

Pursuant to Section 19a-639 of the Connecticut General Statutes, the Office of Health Care Access ("OHCA") has received a Letter of Intent to file the following Certificate of Need application:

Applicant:

Norwalk Hospital

Town:

Norwalk

Docket Number:

05-30557**-**LOI

Proposal:

Repair and Restore Hospital Parking Garage

**Total Capital Expenditure:** 

\$2,800,000

The Applicant may file its Certificate of Need application between September 24, 2005 and November 23, 2005. Interested persons are invited to submit written comments to OHCA regarding the Letter of Intent or the Certificate of Need application, when it is submitted by the Applicant. Such comments should be directed to:

Cristine A. Vogel Commissioner Office of Health Care Access 410 Capitol Avenue, MS#13HCA P.O. Box 340308 Hartford, CT 06134-0308

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent may be obtained from OHCA at the standard copy charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant. A copy of the Certificate of Need application may then be obtained from OHCA at the standard copy charge.

### Confirmation Report - Memory Send

847

: Aug-05-2005 09:33

Tel line : 8604187053

: OFFICE OF HEALTHCARE Name

Job number

Aug-05 09:31

Τo 92038469897

002 Document pages

Aug-05 09:31 Start time

Aug-05 09:33 End time

002 Pages sent

Status OK

: 847 \*\*\* SEND SUCCESSFUL \*\*\* Job number



• Date

### STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESS

Cristine A. Vogel Commissioner

August 5, 2005

Requisition # HCA06-037 FAX #: (203) 846-9897

The Hour P.O. Box 790 Norwalk, CT 06852-0790

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Sincerely,

Kimberly R. Martone Certificate of Need Supervisor Marton (Sa

Attachment

KRM:SL:dpd

c: Kathy Howe, OHCA

TUESDAY, AUGUST 9, 2005 PAGE C5

PHONE HOURS

Monday - Friday 7:30 am - 5:30 pm

DEADLINES In-Column 5:00 PM One Publishing Day Prior to lesertion

346 Main Avenue • Norwalk, CT 06851 • Fax 20







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**BUSINESS SERVICES 3000-400** 

## legal notices

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MERCURY 1989 Cougar - 93k mi, 2 dr, light blue, hard top, cloth int.,

cruise. Good cond. \$1400. (203) 840-1333

4 dr, green, ABS, A/C, all power. 125k mi. \$1,500. 354-2890

foreign autos 110

ACURA 1989 Integra

Red, 5 spd, power sun-roof, AM/FM/cass. 117k

miles. Minor body dam-

age. Runs excellent. \$1300. (203) 846-6885

AUDI 2000 A6 Quattro,

60k mi., loaded, exc. cond., \$15,000.

BMW 1997 328i Green. Fully loaded. Exc. cond. \$6200 (203) 434-8138

BMW 1998 540i - black

w/beige int. Excellent condition! Too much to list. \$14,500. 515-8373.

BMW 2002 540i

37k mi, auto, premium & sport. pkg, 6 CD, ext. wrnty. Black/beige lthr. \$35K. (203) 227-8055

FORD 1991 Escort GT

Black, moonrf, 1.8 16v, Mazda engine, 5 spd. \$950 OBO. 354-3102

HONDA 1989 Accord

LX - 4 dr., very good cond., A/C, 176K mi. \$1200.609-0741.

HONDA 1999 Civic -AT, silver, 92K hwy mi., exc. cond., fully loaded. Ask'g \$6500. 846-9857.

INFINITI 2002 G20 Sport - Exc. cond, fully loaded, 63k mi, Bose CD. \$9500. 984-0333.

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### LEGAL NOTICE

Pursuant to Section Pursuant to Section 19a-639 of the Con-necticut General Stat-utes? the Office of Health Care Access ("OHGA") has received a Letter of Intent to file the following Certificate lead application:

, plicant: Norwalk Hospital

Town: Norwalk

Proposal: Repair and Restore Hospital Parking Garage

Total Capital Expendi-ture: \$2,800,000

The Applicant may file its. Cortificate of Need application between September 24, 2005, and November 23, 2005, Interested persons are invited to submit written company to sons are invited to sub-mit written comments to OHCA regarding the Letter of Intent or the Certificate of Need ap-plication, when it is sub-mitted by the Applicant. Such comments should be directed to:

Cristine A. Vogel Commissioner Office of Health Care 410 Capitol Avenue, MS#13HCA

P.O. Box 340308 Hartford, CT 0613420308 The Letter of Intent is

available for inspection available for inspection at OHCA. A copy of the Letter of Intent may be obtained from OHCA at ard copy Certificate charg of Ne lication will be made available for inspection at OHCA, Inspection at OHCA, when it is submitted by the Applicant. A copy of the Certificate of Need application may then be obtained from OHCA at the extraped

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Notice to Conditions

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blue, 25k mi., \$31,000 (203) 761-9441

CHEVY 2000 Blazer S10 LS - 82K mi., all pwr., A/C, auto., runs great, all svc. records, \$9300. Call 838-7243.

CHEVY 2002 Tahoe LT
Lthr. interior, 4x4, tow
pkg., 3 yr. bumper to
bumper warranty, Gray,
\$21,000. 847-1218.

DODGE 2002 Durango
Fully Joaded, 7 passenger, Exc. Cond. 40K-mi.
\$16,000. 426-6076.

FORD 1997 Expedition

FORD 1997 Expedition XLT 4x4 Orig. Owner. 3rd row seat, 80,000 mi., near perfect cond. \$8000. 554-2295.

FORD 1997 Explorer Sport - Red, sunroof, CD, lthr., great shape. 90K mi. \$5,900. 838-2016.

ISUZU 1991 Rodeo 5spd., very good cond., 1 owner, brand new clutch, runs great, 4x4, 128K mi. \$2000 515-2712 \$2000.

JEEP 2001 Grand Cherokee - Black, looks & runs new, snrf., tints. \$14999 · OBO Call Chris, 203-858-9943.

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160k mi. \$900. Call 223-6529. JEEP 1999. Grand Cherokee, Laredo. V-8, 95k mi., tecent fune-up, upgrade pkg. Complete tow. kit. Good cond. \$8,900. Call 849-7771. JEEP

**LEXUS** 2000 LX470 V8 43k mi. Garaged. Like new. \$28,999. (203) 461-8068

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trucks

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cruiser, g109. cess., wincone tramsom m bst. ofr. 8461100

CHRISTIANS CHILDREN'S CARE needed. Bachelor's degree & head teaching certificate nec. Ca (203) 866-3707, e-mail

numc@optonline.net

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Person needed to work
in busy HVAC office.
20-40 hrs/wk. Flexible
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Fax resume to
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The Hour

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# ANSWER TO PREVIOUS PUZZLE:

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